

Volunteer Application



City of Bloomington Animal
Care & Control



I am: () 13 to 15 years old, () 16 to 17 years old, () 18 and over. *

I am applying for: (please circle)

Dog Walking Cat Care Office Support Grooming
General Animal Care Adoption Counselor Internship

Name: _____ Phone (H) _____ (W) _____

Name of child (if applying with child under 18 years) _____ Age: _____

Email: _____ Address: _____

City: _____ Zip: _____ May we contact you at work? _____

Emergency Contact: _____ Phone: _____

Student? Y N Year: _____ Major: _____

Occupation: _____ Where: _____

Why do you want to volunteer? Personal Enrichment School Credit

☐ **I am willing to make at least a six month commitment to my volunteer program.**

☐ **I understand the shelter animals and staff depend upon my working my assigned shift.**

Please summarize your experience with animals: _____

Do you have any limitations? Allergies, bending, limited walking, etc.? No Yes _____

Do you enjoy working alone or with others? ☐ Alone ☐ With staff ☐ With public

How did you hear about us? ☐ Website ☐ Friend/Volunteer: _____

Advertisement ☐ radio ☐ newspaper, ☐ at shelter?

* If you are 13 to 15, a parent or legal guardian must team volunteer with you. Those 16 and 17 must have written permission from a parent or legal guardian to volunteer.



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Volunteer Release of Liability

I, _____, volunteer to work with Bloomington Animal Care & Control. I realize that, due to the unpredictable nature of animals, there are inherent risks of bites and/or other injuries that may be sustained in the course of my volunteer duties, and I understand and accept these risks. I hereby release the City of Bloomington, their officers, employees and agents from any and all claims or causes of action for personal injury (of any nature) or property damage that may arise in the course of my role as a volunteer.

I understand that the City of Bloomington does not carry medical or liability insurance for volunteers.

I will be responsible for transporting myself to and from any location necessary to perform my accepted duties.

I agree that BACC may photograph/video my participation in this program and I hereby release any such photographs to BACC for use in its programs, publications, and purposes.

Volunteer Name: _____

Volunteer Signature: _____

Date: _____

Address: _____

Phone: _____

Email: _____

If volunteer is under the age of 18, please complete the following:

I have read and understand the foregoing paragraph and agree with its terms. I hereby give permission for my child to volunteer for the City of Bloomington Animal Care & Control Dept.

Parent/Legal Guardian name: _____ Child: _____

Parent/Legal Guardian signature: _____ Date: _____

Bloomington Animal Care & Control
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